TO THE PUBLIC UTILITIES COMMISSION		
OF THE STATE OF HAWAII		
ANNUAL REPORT OF		
CONTRACT PROPERTY CARRIERS		
STATE EXACT NAME OF CARRIER		
PUC NUMBER		
FOR THE YEAR ENDED DECEMBER 31, 19		

NOTICE:

An annual report is to be filed and is due no later than April 30 to cover the preceding calendar year's operations.

Under Section 271-27(i), Hawaii Revised Statutes, a civil penalty shall be imposed for the delinquent filing of this financial report:

- (1) A sum of one-sixteenth of one percent of the motor carrier's gross revenue from the preceding calendar year shall be assessed, if the failure is not more than one month.
- (2) An additional one-sixteenth of one percent of the motor carrier's gross revenues from the preceding calendar year shall be assessed for each additional month or fraction thereof.
- (3) In no event shall the total penalty be less than \$50.

APPROVED BY THE PUBLIC UTILITIES COMMISSION

HAW-PUC Form 92-015 Effective 1/1/93

rev 1/1/00

EXTENSION REQUEST TO MAY 31, 2000 TO FILE 1999 PUC ANNUAL FINANCIAL REPORT FOR CLASS "C" CONTRACT CARRIERS

- This extension request must be postmarked on or before April 30, 2000. See paragraph 5a of Instruction Sheet.
- 2. Payment for motor carrier fee must be attached. See paragraph 5b of Instruction Sheet.

Part A.

- 3. We will not grant additional extensions beyond May 31, 2000. Show cause hearing for revocation of your certificate shall be initiated if your annual financial report is not received by said date.
- 4. ACT 125, Session Laws of Hawaii 1998, relating to the **Public Service Company (PSC) Tax** amends certain PSC tax provisions, particularly by amending the definition of "gross income" to allow motor carriers to pay the PSC Tax only on their portion of gross receipts received through the arrangements with other motor carriers. **ACT 125 DOES NOT APPLY TO THE CALCULATION OF THE PUC MOTOR CARRIER FEE (Fee).** There is **no** provision under PUC statutes that allows for a deduction in gross revenues to calculate the PUC Fee. As such, on a going forward basis, no deductions to gross revenues (including **Farm-Outs**) shall apply when calculating the PUC Fee. See Hawaii Revised Statutes § 271-36.

<u> </u>	<u></u>	
Carrie	er Name	
PUC	No	
Addre	ess	
Telep	hone No.	
Reas	on for extension	
Signa	ture Date	
Title	(Owner, Partner, Officer, Authorized Agent)	
Part E	3 - Motor Carrier Fee	
1.	PUC Regulated Revenues for Calendar Year 1999	\$
2.	Fee = .0025 x Line 1 (Minimum fee \$20)	\$
3.	Less: Credit for Overpayment of Prior Year's Fee	\$
4.	Balance Due (Difference Line 2 minus Line 3)	\$

ORGANIZATION AND CONTROL OF CARRIER

1.	State	e full and exact name and address of carrier making this report.		
	Carri	ier: PUC No		
	Addr	ress: Phone:		
	City:	ress: Phone: Zip:		
2.	Busin	rt an "X" if new address within the last 12 months () ness Name (dba): ness Address (other than P.O. Box):	_	
	Phon	ness Address (other than P.O. Box): ne: City: Zip:		
2a.	Depa Next	February 2000, the 1999 Annual Financial Reports (AFR) will be available artment web site. Thus, if you need additional copies of this report, please go to: http://www.state.hi.us/budget/ t year, if you wish to download the <u>CY 2000 AFR</u> forms from our Department we do not want a form sent to you by mail, please check the appropriate box below: Do <u>not</u> mail my <u>CY 2000 AFR</u> , I will download it from your Department web Mail my <u>CY 2000 AFR</u> .	b site	
3.	Date	e first started business:		
4.	State the various kinds of business, other than contract carriage, in which the carrier was engaged at any time during the year:			
5.	Island	nd(s) in which carrier service is offered:	_	
6.	List	companies controlled by carrier:		
7.	List persons or companies controlling carrier; also state percent owned:			
8.	Have you filed your current contract agreements with this office?:			
9.	Provi	ride the following information regarding your insurance:		
	(a)	Bodily Injury and Property Damage Liability Policy Number: Insurance Carrier: Insurance Agent: Expiration Date:	_	
	(b)	Cargo Insurance Policy Number: Insurance Carrier: Insurance Agent: Telephone No.:	-	

	Expiration Date:		
10.	Location of carrier's records:		
11.	Name of outside accountant (PA or CI Address:	PA):	Phone:
12.	Preparer of this report: Name: Address: City:		Title: Phone: Zip:
13.	Please check (4) whether account book (1) basis. If fiscal year basis, please streport must be filed on a calendar year	ks are kept on a tate the period: basis.	calendar year () or fiscal year Note that this annual financial
	<u>VEI</u>	RIFICATION	
I,	(Print of Type)	_, certify (or dec	lare) that I am duly authorized to
file this revenue report	s statement; that I have knowledge to es reported herein reflect rates under the	the matters co lawful tariff(s)	ntained herein; that the PUC regulated filed with this Commission; and that the correct to the best of my knowledge,
		Signature	
		Title Carrier	
Date: _			

<u>Addit</u>	ional Information For Corporations and Partnerships Onl	У	
14.	Date of Incorporation: Incorporation in the State of:		
15.	Names of Directors/Partners:		
		Data	N1

		Date	Number	of Shares
Name	Address	Term		
		Expires	Owned	%
		_		

16. Names of Officers:

		Date	Number	of Shares
Name	Address	Term Expires		
		Expires	Owned	%

Section A OPERATING REVENUES - PROPERTY CARRIERS:

Note:

- (1) Before you complete this section, please read Instruction Number 7d.
- (2) Do not include non PUC revenues.

		PUC
Line	Classification	Revenues
1	General Commodities	
2	Specific Commodities	
3	Break Bulk & Delivery	
4	Dump Truck	
	(Include Loading)	
5	Household Goods	
	a. Intrastate	
	b. Interstate/Military	
6	Public Warehousing	
	(Storage In Transit)	
7	Miscellaneous (Specify):	
8	Total	*

Section B PUC MOTOR CARRIER GROSS REVENUE FEE:

9	Total PUC Revenues (* Line 8)	\$
10	Motor Carrier Fee (Line 9 x .0025.)	
	Note: Minimum payment due is \$20.	\$
11	Less: a. Credit for Overpayment of previous year's fee.	\$
	b. Payment with Extension Request	\$
12	Balance Due (Difference line 10 minus line 11a and 11b)	\$

Pay amount on Line 12 on or before April 30th. Otherwise, penalty and interest will be assessed. Make your check payable to Hawaii Public Utilities Commission and attach to this page. Indicate your PUC number on the check. Your cancelled check is your receipt.

ACT 125, Session Laws of Hawaii 1998, relating to the Public Service Company (PSC) Tax amends certain PSC tax provisions, particularly by amending the definition of "gross income" to allow motor carriers to pay the PSC Tax only on their portion of gross receipts received through the arrangements with other motor carriers. ACT 125 DOES NOT APPLY TO THE CALCULATION OF THE PUC MOTOR CARRIER FEE (Fee). There is no provision under PUC statutes that allows for a deduction in gross revenues to calculate the PUC Fee. As such, on a going forward basis, no deductions to gross revenues (including Farm-Outs) shall apply when calculating the PUC Fee. See Hawaii Revised Statutes § 271-36.

CARRIER NAME:	EXHIBIT C
PUC NO.:	
ISLAND:	

INCOME STATEMENT

For the 12 Month Period Ending_____, 19_____

(Use Whole Dollars)

	(Ose Whole Dollars)	ANAOLINIT	TOTAL
	DESCRIPTION Total BUG Operating Payaruse (7.144 D. 2.44 D. 2.	AMOUNT	TOTAL
1.	Total PUC Operating Revenues (Exhibit B, Section A, Line 8)		
2	PUC Operating Expenses:		
2. 3.	Advertising Dues & License		
4.			
4.	a. Equipment Rental - Leased Vehicles		
_	b. Equipment Rental - Others		
5.	Fuel & Oil		
6. 7.	Insurance		
	Legal & Accounting		
8.	Office Supplies		
9.	Payroll - Drivers		
10.	Payroll - Others		
11.	Payroll Taxes & Fringe Benefits		
12.	Rent - Office/Terminal		
13.	Repairs & Maintenance - Auto		
14.	Telephone/Utilities		
15.	PUC Motor Carrier Fee		
16.	Public Service Company Tax (in lieu of General Excise Tax)		
17.	Airport Transfer Fee		
18.	a. Depreciation - PUC Vehicles		
	b. Depreciation - Other Fixed Assets		
19.	Other PUC Expenses (Attach separate sheet)		
20.	Total PUC Operating Expenses (Add Lines 2 to 19)		
21.	PUC OPERATING INCOME (Line 1 less Line 20)		
22.	PUC OPERATING RATIO (Line 20 divided by Line 1)		%
	OTHER INCOME:		
23.	a. Non - PUC Income (Loss)		
	b. Interest and Dividends		
	c. Other Income		
24.	Total Other Income (Add Lines 23a to 23c)		
	OTHER DEDUCTIONS:		
25.	a. Interest Expense		
	b. Other Deductions		
26.	Total Other Deductions (Add Lines 25a and 25b)		
27.	NET INCOME BEFORE INCOME TAXES (Line 21 plus Line 24 less Line 26)		
28.	Income Taxes		
29.	NET INCOME (Line 27 less Line 28)		
۷,	14LT HADDINE (LINE 27 1033 LINE 20)		

CARRIER NAME:		EXHIBIT D
PUC NO.:		
ISLAND:		

PROPERTY CARRIER VEHICLE INVENTORY

		BODY		LICENSE	VEHICLE IDENTIFICATION	LEASED
YEAR	MAKE	TYPE	GVW	NUMBER	OR SERIAL NUMBER	OR OWNED

Body Types

- 1 Van/Flatbed Truck
- 2 Tractor
- 3 Dump Truck4 Tank Truck

- 5 Semi Trailer
- 6 Full Trailer
- 7 Service/Utility/Other